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PCT
REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum) 20518/51-PCT (S-8500-WO)

Box No. I TITLE OF INVENTION: SURGICAL INSTRUMENT

Box No. II APPLICATION

☐ This person is also an inventor

Name and Address: (Family name followed by given name; for legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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Applicant's registration No. with the Office

State (that is, Country) of nationality:

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State (that is, Country) of residence:

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This person is applicant

For the purpose of:

☐ all designated States

☒ all designated States except United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

Box No. III.

FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and Address: (Family name followed by given name; for legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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This person is:

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☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below)

Applicant's registration No. with the Office

State (that is, Country) of nationality: US

State (that is, Country) of residence: US

This person is applicant

For the purpose of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV

AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common representative

Name and Address: (Family name followed by given name; for legal entity, full official designation. The address must include postal code and name of Country)

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☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.